

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

CADDYSHACK CORPORATION

Principal Place of Business

Mailing Address

7621 SADDLE CREEK TRAIL
SARASOTA FL 34241

7621 SADDLE CREEK TRAIL
SARASOTA FL 34241

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. ~~Malik~~ ~~Malik~~

21 E311 N. Tamiami Trail
Suite, Apt. #, etc.

Suite Ant

City & State
23 Sacramento FL

City & State

24 | 34243

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOIGT, STEPHEN F P.A.
2414 BEE RIDGE ROAD
SARASOTA FL 34239

81 Name _____

82	Street Address (P.O. Box Number is Not Acceptable)
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B3

84	City
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FL

85	Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name, of registered agent and title if applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME AND DIRECTIONS	<input type="checkbox"/> DELETE
NAME	EDWARD GALLUZZO	<input checked="" type="checkbox"/> P/T/S/D
STREET ADDRESS	7621 SANDLE CREEK TRAIL	
CITY - ST - ZIP	STARZOSTA, FL. 34241	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1 2 NAME			
1 3 STREET ADDRESS			
1 4 CITY - ST - ZIP			
2 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2 2 NAME			
2 3 STREET ADDRESS			
2 4 CITY - ST - ZIP			
3 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3 2 NAME			
3 3 STREET ADDRESS			
3 4 CITY - ST - ZIP			
4 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4 2 NAME			
4 3 STREET ADDRESS			
4 4 CITY - ST - ZIP			
5 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5 2 NAME			
5 3 STREET ADDRESS			
5 4 CITY - ST - ZIP			
6 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6 2 NAME			
6 3 STREET ADDRESS			
6 4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO GALLUZZO

Date _____

Davidson Brooks &

CR2E034 (12/95)